2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001232

Entity Name: 4KIDS OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

827 S. SR 7

NORTH LAUDERDALE. FL 33068

Current Mailing Address:

827 S. SR 7

NORTH LAUDERDALE. FL 33068

FEI Number: 61-1416525 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAUL R. ALFIERI, P.L. 5143 NW 42 TERRACE COCONUT CREEK, FL 33073 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: PAUL R. ALFIERI, ESQ. 03/27/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR, PRESIDENT Title DIRECTOR, CHAIRMAN SAUDER, DOUGLAS R FOREMAN, JOHN Name Name

827 S. SR 7 Address 827 S. SR 7 Address

City-State-Zip: NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 City-State-Zip:

Title DIRECTOR Title **SECRETARY**

Name CAMPION, SUEANNE LUKASIK, THOMAS L Name

Address 827 S. SR 7 Address 827 S. SR 7

NORTH LAUDERDALE FL 33068 City-State-Zip: City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR Title **DIRECTOR** Name OUELETTE, RAY Name DAVELL. WILLIAM Address 827 S. SR 7

827 S. SR 7 Address

City-State-Zip: NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name TCHIVIDJIAN, LISA SCHECHTER, JOHN Name

Address 827 S. SR 7 Address 827 S. SR 7

City-State-Zip: NORTH LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 City-State-Zip:

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

03/27/2015 SIGNATURE: DOUGLAS R. SAUDER **PRESIDENT**

Electronic Signature of Signing Officer/Director Detail

Date

FILED Mar 27, 2015

Secretary of State

CC5965134622

Officer/Director Detail Continued:

 Title
 DIRECTOR
 Title
 VP, TREASURER

 Name
 DAVIS, MARK T
 Name
 JOHN, MATHEW K

Address 827 S. SR 7 Address 827 S. SR 7

City-State-Zip: NORTH LAUDERDALE FL 33068 City-State-Zip: NORTH LAUDERDALE FL 33068

TitleDIRECTORTitleDIRECTORNameSEHLKE, J.J.NameKRAVITZ, NORMAN

Address 827 S. SR 7 Address 827 S. SR 7

City-State-Zip: NORTH LAUDERDALE FL 33068 City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR Title DIRECTOR

Name GROOMS, HANK Name CAVANAGH, BRENDAN

Address 827 S. SR 7 Address 827 S. SR 7

City-State-Zip: NORTH LAUDERDALE FL 33068 City-State-Zip: NORTH LAUDERDALE FL 33068

Title DIRECTOR Title DIRECTOR

Name FEE, DAVID Name JEFFRIES, BRIDGET

Address 827 S. SR 7 Address 827 S. SR 7

City-State-Zip: NORTH LAUDERDALE FL 33068 City-State-Zip: NORTH LAUDERDALE FL 33068

TitleDIRECTORTitleDIRECTORNameKREISEL, MARKNameSPRAGUE, KARL

Address 827 S. SR 7 Address 827 S. SR 7

City-State-Zip: NORTH LAUDERDALE FL 33068